(Substitute) PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-003 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 34055035A 09/089.583 TRANSMITTAL Filing Date June 3, 1998 First Named Inventor FORM Kenneth WEISMAN Art Unit 1623 Examiner Name Howard V. Owens, Jr. (to be used for all correspondence after initial filing) **Attorney Docket Number** W1068/20011 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **V** Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC **V** Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): - Return receipt postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd., Customer No. 03000 Signature Printed name Kevin A. Keeling Date Reg. No. 51,867 May 11, 2005 CERTIFICATE OF TRANSMISSION/MAILING

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: [Transmitted to Facsimile No. (703) *] Signature Date May 11, 2005

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Effective on 12/08/2004.	Complete if Known					
FEE TRANSMITTAL For FY 2005	Application Number	09/089,583				
	Filing Date	June 3, 1998				
	First Named Inventor	Kenneth WEISMAN				
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Howard V. Owens, Jr.				
		1600				

Art Unit

TOTAL AMOUNT OF PAY	MENI (3	60.00)	Attorney Docke	t No. W10	068/20011		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 03-0075 Deposit Account Name: Caesar, Rivise et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee where the charge fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEAF	FILING	FEES Small Entity	SEARC	H FEES Small Entity	<u> </u>	TION FEES		
Application Type Utility	Fee (\$) 300	<u>Fee (\$)</u> 150	<u>Fee (\$)</u> 500	Fee (\$)	<u>Fee (\$)</u> 200	Fee (\$)	Fees Paid (\$)	
Design	200	100	100	250	130	100		
Plant	200	100	300	50	160	65		
Reissue	300	150	500	150	600	80		
Provisional	200	100	0	250		300		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues)							Small Entity Fee (\$) 25 100 180	
Total Claims	• •			Multiple Dependent Claims				
- 20 or HP = HP = highest number of total	alaima naid f	X	_=			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims - 3 or HP =	Extra Clai	ms <u>Fee (\$)</u> x	<u>Fee P</u>	'aid (\$)				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)		
Other (e.g., late filing surcharge): One-Month Petition for Extension						60.00		

SUBMITTED BY

Signature

Registration No. (Attorney/Agent)

Name (Print/Type) Kevin A. Keeling

Registration No. (Attorney/Agent)

Date May 11, 2005

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